HANNAH M RUTLEDGE HOME/AGING

300 BRIDGEWATER AVENUE

CHIPPEWA FALLS 54/29 Phone: (715) 723-5566	b	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	59	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	92	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	59	Average Daily Census:	68

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	용		0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	3.4 8.5	More Than 4 Years	30.5
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	40.7	65 - 74 75 - 84	22.0		100.0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		********************************** Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No	Cancer Fractures	0.0	 		Nursing Staff per 100 Res. (12/31/03)	
Other Meals	No	Cardiovascular	13.6	65 & Over	96.6	İ	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender	 %	RNs LPNs	17.9 9.5
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	68.4
Mentally Ill	No	Other Medical Conditions		Female	88.1	•	00.4
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	 	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	39	97.5	109	0	0.0	0	19	100.0	138	0	0.0	0	0	0.0	0	58	98.3
Intermediate				1	2.5	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		19	100.0		0	0.0		0	0.0		59	100.0

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HANNAH M RUTLEDGE HOME/AGING

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	50.0	Bathing	1.7		76.3	22.0	59
Other Nursing Homes	0.0	Dressing	13.6		59.3	27.1	59
Acute Care Hospitals	50.0	Transferring	27.1		45.8	27.1	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.3		55.9	23.7	59
Rehabilitation Hospitals	0.0	Eating	67.8		23.7	8.5	59
Other Locations	0.0	******	******	*****	*****	*****	*****
otal Number of Admissions	2	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.1	Receiving Resp	iratory Care	15.3
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	67.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	4.8	Occ/Freq. Incontiner	nt of Bowel	25.4	Receiving Suct	ioning	0.0
Other Nursing Homes	4.8	_			Receiving Osto	my Care	1.7
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	15.3	Receiving Mech	anically Altered Diets	18.6
Rehabilitation Hospitals	0.0						
Other Locations	4.8	Skin Care			Other Resident C	haracteristics	
Deaths	85.7	With Pressure Sores		3.4	Have Advance D	irectives	100.0
otal Number of Discharges	Ì	With Rashes		0.0	Medications		
(Including Deaths)	21				Receiving Psyc	hoactive Drugs	76.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Non	profit	50	-99	Ski	lled	Al	1	
	Facility	Peer Group		Peer	Group	Peer	Group	Faci	lities	
	96	8	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	73.1	92.0	0.80	87.1	0.84	88.1	0.83	87.4	0.84	
Current Residents from In-County	78.0	85.9	0.91	81.0	0.96	82.1	0.95	76.7	1.02	
Admissions from In-County, Still Residing	0.0	22.1	0.00	19.8	0.00	20.1	0.00	19.6	0.00	
Admissions/Average Daily Census	2.9	138.9	0.02	158.0	0.02	155.7	0.02	141.3	0.02	
Discharges/Average Daily Census	30.9	139.5	0.22	157.4	0.20	155.1	0.20	142.5	0.22	
Discharges To Private Residence/Average Daily Census	1.5	64.3	0.02	74.2	0.02	68.7	0.02	61.6	0.02	
Residents Receiving Skilled Care	98.3	96.1	1.02	94.6	1.04	94.0	1.05	88.1	1.12	
Residents Aged 65 and Older	96.6	96.4	1.00	94.7	1.02	92.0	1.05	87.8	1.10	
Title 19 (Medicaid) Funded Residents	67.8	55.4	1.22	57.2	1.19	61.7	1.10	65.9	1.03	
Private Pay Funded Residents	32.2	32.6	0.99	28.5	1.13	23.7	1.36	21.0	1.54	
Developmentally Disabled Residents	1.7	0.6	2.94	1.3	1.33	1.1	1.53	6.5	0.26	
Mentally Ill Residents	57.6	36.2	1.59	33.8	1.70	35.8	1.61	33.6	1.72	
General Medical Service Residents	11.9	24.3	0.49	21.6	0.55	23.1	0.51	20.6	0.58	
Impaired ADL (Mean)	48.5	50.5	0.96	48.5	1.00	49.5	0.98	49.4	0.98	
Psychological Problems	76.3	58.5	1.30	57.1	1.34	58.2	1.31	57.4	1.33	
Nursing Care Required (Mean)	4.9	6.8	0.71	6.7	0.73	6.9	0.71	7.3	0.67	